

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/540,216
	Filing Date	January 4, 2006
	First Named Inventor	Claude CHOQUET
	Title	Virtual Simulator Method ...
	Art Unit	1631
	Examiner Name	C. Smith
	Attorney Docket Number	015910-0380754

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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00909

OR

☐ Firm or Individual Name **PILLSBURY WINTHROP SHAW PITTMAN LLP**

Address

P.O. Box 10500

City

McLean

State

VA

Zip

22102

Country

United States

Telephone

703-770-7900

Email

703-770-7901

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature



Date

NOV 12 2009

Name

Claude Choquet

Telephone

514-932-7273

Title and Company

Inventor

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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